



Guidance document for processing PM-JAY packages

Nephrectomy (for Benign conditions)

Packages covered: 2

Specialty: Urology, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
Nephrectomy	For Benign pathology -Open	S700006	SU003A	27,500	4
Nephrectomy	For Benign pathology - Lap.	S700007	SU003B	27,500	3

Minimum qualification of the treating doctor:

Essential: MCh/DNB or Equivalent (in Urology, Pediatric Surgery)

Special empanelment criteria/linkage to empanelment module: Tertiary care and availability of Laparoscopic surgery facility.

Disclaimer:

For monitoring and administering the claim management process of **Nephrectomy (for Benign conditions)**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Nephrectomy: Surgical removal of a kidney, either to treat various kidney diseases including kidney cancer or to remove a normal healthy kidney from a donor as part of a kidney transplant procedure.

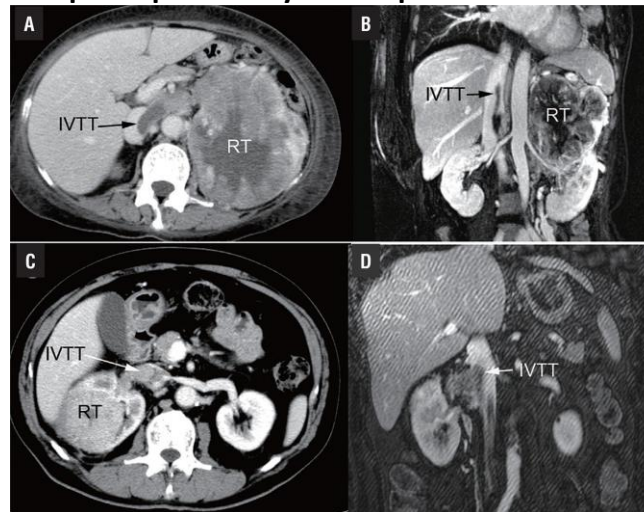
Indications: Recurrent/Sever infection, Severe renal haemorrhage, Interactable pain, Polycystic renal diseases, tuberculosis, dysplastic kidney etc.

- Severely hypertensive patients, BP control is suboptimal despite optimal fluid removal and use of multiple antihypertensive agents.
- **Benign Diseases:** Multicystic or dysplastic kidneys, reflux nephropathy, obstructive uropathy, xanthogranulomatous pyelonephritis, calculus disease, and protein-losing nephropathy.
- Severe traumatic injury

Management:

- **Simple nephrectomy:** is the surgical removal of a kidney.
- **Radical nephrectomy:** Removal of one entire kidney, Gerota's fat capsule, adrenal glands, ureters, or lymph nodes.
- **Open Nephrectomy:** A surgical procedure involves a transperitoneal incision or an extraperitoneal incision, depending on the size, location of the tumour, and the patient's habitus.
- **Laparoscopic Nephrectomy:** is a minimally invasive surgery, both transperitoneal and retroperitoneal techniques can be used.
laparoscopic nephrectomy compared with open nephrectomy, which is associated with significant morbidity and mortality.
- **Laparoscopic radical nephrectomy:** Laparoscopic radical nephrectomy has established its role as a standard of care for the management of renal neoplasms

Laparoscopic Nephrectomy: Post-operative CT and MRI scan



**Mingshuai W et.al. 2014*

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Nephrectomy
i. At the time of Pre-authorization	
a. Clinical notes including evaluation findings and planned line of treatment	Yes
b. USG/CT scan, +/- FNAC/Biopsy /IVP (for Open.) confirming the need for surgery reports	Yes
ii. At the time of claim submission	
a. Detailed indoor case papers	Yes
b. Intra operative Photograph	Yes
c. Post procedure X ray report	Yes
d. Histopathology report	Yes
e. Detailed Procedure / Operative Notes	Yes
f. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

Mandatory document	Nephrectomy
i. At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):	
a. Was the Clinical notes including evaluation findings and planned line of treatment submitted?	Yes
b. Was the USG/CT scan, +/- FNAC/Biopsy /IVP (for Open.) confirming the need for surgery reports submitted?	Yes
ii. At the time of claim processing- For claims processing doctor (CPD):	
a. Are the detailed indoor case papers with daily vitals and treatment details available?	Yes
b. Was the Intra operative Photograph submitted?	Yes
c. Was the Post procedure X ray submitted?	Yes
d. Was the histopathology report submitted?	Yes
e. Was the Detailed Procedure / Operative Notes submitted?	Yes

f. Was the Detailed discharge summary submitted?	Yes
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PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 **Objective:** To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 **Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:**

- I. Was the clinical notes and USG/CT scan, +/- FNAC/Biopsy /IVP (for Open.) indicative of procedure? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

1. Maria V. Irazabal, Vicente E. Torres. Cystic diseases of the kidneys, in Nephrology Secrets (Fourth Edition), 2019.
2. C.K. Yeung, A.A. Thakre , Laparoscopy in Pediatric Urology in Pediatric Urology, 2010
3. Truong, Luan D et al. "Diagnosing nonneoplastic lesions in nephrectomy specimens." Archives of pathology & laboratory medicine vol. 133,2 (2009): 189-200. doi:10.1043/1543-2165-133.2.189